



FORM 941BN-ME
Business Change
Notification

Complete this form to report a change in your withholding or unemployment insurance account, contact information or to cancel your withholding or unemployment contributions account. Incomplete forms will not be processed.

Mail to: Maine Revenue Services, Central Registration Unit
P.O. Box 1057, Augusta, ME 04332-0057

Fax: 207-287-6975
Email: taxregistration@maine.gov

Step 1

Identify your business as currently on file with Maine Revenue Services.

Current Legal Name: _____ DBA: _____

Current Address: _____

Current Phone Number: _____

Withholding Account Number: _____ UC Employer Account Number: _____

Step 2

List your new contact information; enter only if different from current information.

New Legal Name: _____ New DBA: _____

New ATTN Line: _____

New Address: _____

New Email Address: _____

(PRINT CLEARLY)

New Phone Number: _____ Effective Date of Change _____ / _____ / _____

NOTE: Do not enter a payroll processor's address or other contact information here.

Step 3

Request to cancel account. (Do not report cancellation for a seasonal shutdown period.)

Check the appropriate box or boxes to cancel your withholding or unemployment contributions account:

☐ Withholding Account

☐ Unemployment Contributions Account

Reason for Cancellation:

☐ Business Closed (Do not include a seasonal or temporary business closure)

☐ Business Sold to: Name: _____ FEIN: _____

Address: _____ Phone: _____

Date Business Sold: _____ / _____ / _____

☐ Other _____

Date the business no longer had employees _____ / _____ / _____ Date of last payroll _____ / _____ / _____

Step 4

Sign and mail your report.

Under penalties of perjury, I certify that the information contained on this form is true and correct.

Print Name: _____

Signature: _____ Title: _____

Date: _____ / _____ / _____ Daytime Phone: _____

For Paid Preparers Only

Paid Preparer's Signature: _____ Date: _____ / _____ / _____

Firm's Name (or yours if self-employed): _____ Phone: _____

Address: _____

EIN/SSN: _____ Maine Payroll Processor License Number: _____